

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24684

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 100.1

City St. Louis (No.)

File No.

Registered No. 6085

St. Ward

2. FULL NAME

(a) Residence, No. 1954 Adelaide ave St.
(Usual place of abode)

Ward. 9

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME John A Ernst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margareth Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Ernst
(ADDRESS) 1954 Adelaide ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 12 1933

19. UNDERTAKER Edward Kogel
(ADDRESS) 3403 W 14th St

20. FILED July 12 1933

Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1933 to July 9 1933

I last saw her alive on July 9 1933. Death is said

to have occurred on the date stated above, at 12:18 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset

82A

102

Other contributory causes of importance:

High blood pressure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sam A. Montgomery, M. D.

(Address) 3403 W 14th St

